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Bib Data Sheet

CONFIRMATION NO. 5368

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|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/654,668   | <b>FILING OR 371(c) DATE</b><br>09/04/2003<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3626   | <b>ATTORNEY DOCKET NO.</b><br>2483-001CIP1 |                                |
| <b>APPLICANTS</b><br>Brian Rosenfeld, Baltimore, MD;<br>Michael Breslow, Lutherville, MD;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/443,072 11/18/1999 PAT 6,804,656<br><b>** FOREIGN APPLICATIONS *****</b><br>None - RWM  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 11/25/2003  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Allowance<br>Acknowledged <u>Robert Mager</u> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>24   | <b>TOTAL CLAIMS</b><br><del>8</del><br>25  | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>22208  |   |                               |   |  |                                |
| <b>TITLE</b><br>System and method for physician note creation and management   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>715  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |